File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319

Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Or	rganization)	
Citizens for Ako Abdul-Samad		FORM
IMPORTANT: Indicate by # type of committee you are reporting fc (1) Statewide/Legislative/Judge Standing for Retention Candidate (4) County Central Committee (5) County Candidate (6) City Cal Subdivision Candidate (8) County PAC (9) City PAC (10) Scho 11) Local Ballot Issue	(2)State PAC (3)State Party	DR-2 (Rev. 07/2007) DISCLOSURE REPORT For Office Use Only Comm. #
CANDIDATE COMMITTEES ONLY:		Logged In
Candidate Name Ako Abdul-Samad	Political Party (if applicable) Democrat	Scanned
		Computer WRS
Office Sought State Representative	District (if Senate or House) 66	Audited <u>Created by auditor</u> to adjust balances
Late reports are subject to possible civil and criminal penalties.	Pursuant to Iowa Code sections 68B.32A(per prior amendm
SIGNATURE OF PERSON FILING REPORT	TELEPHONE	DATE SIGNED
AM FILING A		[]
(report date)	Indicate by #	
CHECK IF AMENDMENT TO REPORT DATED Octobe	119, 2000	ocal Committees, enter Date of Election
☐ Check if this is final (termination) report and attach Notice (You must continue to file reports until a DR-3 is file.	1	County & Local Committees, enter County in which Election is held
STATEMENT OF CASH ON HAI	ND	
CASH ON HAND at the beginning of the reporting period. (committee. This amount MUST be the same as the of the last reporting period or must be zero if this is	e cash on hand at the end	\$ 1,052.52
ADD TOTAL MONEY TAKEN IN THIS PERIOD	·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Schedule A: Cash Contributions total (Attach Sche	edule A) (*also see in-kind below)	5,010.00
Schedule F: Loans Received total (Attach Schedu		
Schedule H: Total Sales of Campaign Property (A		
(Schedule H applies to Candidates' Co		
	SUB-TOTAL	\$
SUBTRACT TOTAL MONEY SPENT THIS PERIO	OD.	
Schedule B: Expenditures total (Attach Schedule		2,572.23
Schedule F: Loan Repayments total (Attach Sche		
CASH ON HAND at the end of this reporting period (if final i	·	3 490 29
*UNPAID BILLS (From Schedule D - Attach Schedule D)		440.70
•		
	redule E)	
MOLITETANDING LOANS (From Cobodula E. Affach Caba	nedule E)	•
		,
CONSULTANT BREAKDOWN (Schedule G Attached?)		\$ YESNO
**OUTSTANDING LOANS (From Schedule F - Attach Sche CONSULTANT BREAKDOWN (Schedule G Attached?) CANDIDATE COMMITTEES ONLY: VALUE OF CAMPAIGN PROPERTY (From Schedule H - A	dule F)	,

File with:

lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organiza	tịon)		(7 ·
Citizens for Ako Abdul-Sama,	1		FORM
IMPORTANT: Indicate by # type of committee you are reporting for:		,	DR-2 Rev. 07/2007) DISCLOSURE REPORT
(1)Statewide/Legislative/Judge Standing for Retention Candidate (2)St (4)County Central Committee (5)County Candidate (6)City Candidate	(7) School Board or Other Politics	.	
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board 11) Local Ballot Issue	d or Other Political Subdivision PAC	; (<u>F</u>	or Office Use Orfly
CANDIDATE COMMITTEES ONLY:			onim. #
Candidate Name	Political Party (if applicable)	1 1	canned
Ako Abdul-Samad	<u>Democrat</u>	c	omputer UKS
Office Sought State Representative	District (if Senate or House)	A	udited $3.25-08$
STATE REPRESENTATIVE	<u> </u>	L	
Late reports are subject to possible civil and criminal penalties. Pursua	nt to Iowa Code sections 68B.32	A(7) and 68	A.401(3), the candidate, for a
		• ,	· (-),
long long all See when	515.414.15		26 DEC U)
SIGNATURE OF PERSON FILING REPORT	TELEPHONE	-	DATE SIGNED
SIGNATURE OF PERSON FILING REPORT			
I AM FILING A	, REPORT FOR (1) ELECTION	/(2)NON-	ELECTION YEAR.
(report date)	Indicate by	# 🔲	
ECHECK IF AMENDMENT TO REPORT DATED O CTOSE	19, 2006	Local Com	mittees, enter Date of Election
Chook if this is final (termination) asset and attack Nation of Di	and of the page		
Check if this is final (termination) report and attach Notice of Dis (You must continue to file reports until a DR-3 is filed.)	solution Form DR-3.		ocal Committees, enter County in tion is held
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STATEMENT OF CASH ON HAND			
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DISCLOSURE SUMMARY PAGE	Reset		PORM DR-2	DISCLOSURE	.
COMMITTEE NAME (Must be same as on Statement of Organization)	(«	Rev. 12/200/5)	REPORT	_
Citizens for Ato Abdul-Samao	<u>.</u>		or Office Use O	1/004	
IMPORTANT: Indicate by # type of committee you are reporting for:	1 1		ogged In S	0	_
(1)Statewide/Legislative/Judge Standing for Retention Candidate (2): (4)County Central Committee (5)County Candidate (6)City Candidate	State PAC (3)State Party	1 1	canned		
Political Subdivision Candidate (8) County PAC (9) City Candidate	chool Board or Other Politic	a / c	omputer		
Political Subdivision Candidate (8) County PAC (9) City PAG (3) Subdivision PAC (11) Local Ballot less FILES & CANDIDATE COMMITTEES ONLY DISCLOSURE FOR ID		/ / ^	udited		
Consider Name	Political Party (if applicable)	. / 🟲	F72 - 144		
Ato Abdul-Samal OCT 19 2006	Demorrat		File with: lowa Ethics and	d Campaign	
Office Sought	histrict (if Senate or House		Disclosure Boa		
State Representative NED HU	66	´	510 E. 12 th , Ste Des Moines, lo		
Late reports are subject to possible civil and criminal penalties. Pursuar			Fax: 515-281-3		[
the candidate, for a candidate's committee, and the chairperson, for any					
individual responsible for filing timely and accurate reports	1.	~			
Val Milder mi	\$15-288	-306E	10	- 18- C	26
SIGNATURE OF PERSON FILING REPORT	TELEPHONE		DATE S	IGNED	
IAMFILINGA October 19, 2006					
IAM FILINGA UCTOBER 19, 2006	REPORT FOR (1) ELECTION		CTION YEAR.		
(report date)	Indicate	by#			
CHECK IF AMENDMENT TO REPORT DATED		Local Con	nmittees, enter l	Date of Election	
				*	
	\			1.57	
(You must continue to file reports until a DR-3 is filed.)	Form DR-3.			es, enter County	in .
	en Form DR-3.		Local Committe ction is held	es, enter County	-
	in Form DR-3.			Ć.	2
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FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE

B

MONETARY
EXPENDITURES

CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	ID#	Dua Mafall	Reimburgement for fundracier	
9/28/2006	CK#	Dun MeFall 1102 Grand Ave. West Des Mines, IA 50265	food to the tenter	\$ 500.00
	ID#	Corter Printing	Postar Mosts for Aumoria	
9/29/2006	CK#	1939 East Grand Ave. Des Meines, I A 50311	Printing costs for cumpaign materials	454.74
	ID#	Sisters on Target	tickets for table at event	. :
9124/2000	CK#	Janes an inju	(Annual banquet)	200.00
	ID# GUYS	House Town an Fund	Voto file fee	C 3
10/13/2wi	4 υ γ δ CK#	561 Flew Or. Des Moines, IA 50321		500.00
	ID#	Wells Forgo Bank	bank maintenance	Change of seconds .
8/15/04		LUL WOLFUL Street Les Moines IA 5030	fee	3. VS
	ID#			
9/18/06	CK#			3,45
	ID#		_	
10/17/06	CK#	+	4	2.65
	ID#			
1	CK#			

SUB-TOTAL (If lest page of this schedule) \$ 2572.23

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H insurations.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Page 3 of 3

(for Schedule B)

her)

DISCLOSURE SUMMARY PAGE COMMITTEE NAME (Must be same as on Statement of Organization)		DR-2	DISCLOSURE
		(Rev. 12/2005)	REPORT
IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) St (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Bo Political Subdivision Candidate (8) County PAC (9) City PAC (730) School Board or O Subdivision PAC (11) Local Ballot Jean The Candidate Name Aca Abdul - Samad CCT 19 2015 Political Party (if Senate State Representative FILED Bistrict (if Senate State Bistrict Representative FILED Bistrict Representati	applicable) e or House)	For Office Use Or Comm. # Logged In S Scanned Computer Audited 9 1 File with: lowa Ethics and Disclosure Boar 510 E. 12th, Ste. Des Moines, low Fax: 515-281-3	I Campaign rd .1A wa 50319
individual responsible for filing timely and accurate reports	-288-306	E 16 DATE SI	-18-06 GNED
CHECK IF AMENDMENT TO REPORT DATED Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a DR-3 is filed.)	County	Committees, enter D & Local Committee Election is held	
<u></u>			
STATEMENT OF CASH ON CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end		lnu	n aa
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)		.s <u>104</u>	7.99
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)			
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)	below)	5010	7.99
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)	below)	5010	
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)	below)	5010	
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)	below)	5010 . 5010	57.99
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)	TOTAL	5010).00 /
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)	TOTAL	5010 . 5010 . 5010	57.99
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)	TOTAL	5010 5010 5010 5010	57.99 64.28
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)	TOTALans below)	\$ 605 25 \$ 449.	57.99 64.28
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MIUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)	TOTAL	\$ 5010 \$ 605 25 \$ 340 \$ 125	57.99 64.28 13.71
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MIUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind is Schedule F: Loans Received total (Attach Schedule F)	TOTAL	\$ 5010 \$ 605 25 \$ 340 \$ 125	57.99 64.28 13.71
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind is Schedule F: Loans Received total (Attach Schedule F)	TOTAL	5010 5010 5010 340 5 449 5 125 5 YES V	57.99 64.28 13.71
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind is Schedule F: Loans Received total (Attach Schedule F)	TOTALans below)	\$ 605 25 \$ 34° \$ 125°	57.99 64.28 13.71

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization) Citizens for Ako Abdul-Samad

SCHEDULE
A Monetary
(Rev. 07/03) Receipts

Check this box if amending form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or any commercial purpose by any person other than statutory political committees.

Date Received (MM/DD/YR)	PAC ID number (if applicable) and PAC Check number	Name and Address of Contributor	Relationship to Candidate* (if applicable)	Amount Received	✓ if for Fund-raiser Income
7/19/2006	1D#8466	All America PAC 607 14th St. NW, Ste. 800		250.00	
	CK# 2086	Washington, DC 20005			
7/27/2006	ID# 602	Credit Union PAC PO Box 10409		250.00	
	CK# 2043	Des Moines, IA 50306			
7/29/2006	ID#	Kim Stephens		20.00	
	CK#				
8/1/2006	ID#	Richard Murphy 3800 Crestmoor Pl.		50.00	
	CK#	Des Moines, IA 50310			
8/2/2006	ID# 6116	Equipment Dealers Association PAC 1311 50th St., PO Box 65840		100.00	
	CK# 1606	West Des Moines, IA 50265			
8/2/2006	ID# 6087	MidAmerican Energy Effective Government Committee		250.00	
	CK# [[36	666 Grand Ave., PO Box 657 Des Moines, IA 50303			
8/7/2006	ID#	Jeffrey Goetz 701 54th St.		25.00	
	CK#	Des Moines, IA 50312			
8/7/2006	ID#	Phillip Roeder 110 Lincoln Place Dr.		50.00	
	CK#	Des Moines, IA 50312			
8/7/2006	ID#	Kyle Lobner 2925 Brattleboro Ave.		50.00	
	CK#	Des Moines, IA 50311			
8/7/2006	ID#	Sophie Vlassis 5001 Lyndale Dr.		100.00	
	CK#	Des Moines, IA 50310			
			Sub-total Sub-total	1145.00	
			OUD-IDIAN		

"Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationships must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter enter "not applicable" in the relationship column.

Page _____ of _____

Total (if last page of this schedule)

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization) Citizens for Ako Abdul-Samad

SCHEDULE

A Monetary
(Rev. 07/03) Receipts

Check this box if amending form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or any commercial purpose by any person other than statutory political committees.

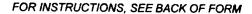
Date Received (MM/DD/YR)	PAC ID number (if applicable) and PAC Check number	Name and Address of Contributor	Relationship to Candidate* (if applicable)	Amount Received	✓ if for Fund-raiser Income
8/7/2006	ID#	Sophie Vlassis 5001 Lyndale Dr.		100.00	
G/1/2000	CK#	Des Moines, IA 50310			
8/7/2006	ID#	Jean Basinger 1335 48th St. Des Moines, IA 50311		250.00	
8/7/2006	ID#	Cynthia Hunafa 1318 College Ave. Des Moines, IA 50314		50.00	
8/7/2006	ID#	Jane Magers 1922 Lincoln Ave. Des Moines, IA 50314		15.00	
9/14/2006	ID# 6058 CK# 2458	lowa Chiropractic Society PAC 1605 N. Ankeny Blvd., Ste. 100 Ankeny, IA 50023		200.00	
9/14/2006	ID# 6070 CK#3361	lowa Lawpac 303 Locust St., Ste. 400 Des Moines, IA 50309		150.00	
9/15/2006	ID#8470 CK#1822	Keeping America's Promise 607 14th St. NW, Ste. 800 Washington, DC 20005		500.00	
9/19/2006	ID# 6004	Associated General Contractors of Iowa 701 E. Court Avenue Des Moines, IA 50309		1500.00	
9/22/2006	CK#2615	Forward Together PAC 201 North Union Street Alexandria, VA 22314		1000.00	
10/3/2006	ID# 8026 CK# 10768	IBEW Educational Committee 900 Seventh St., NW Washington, DC 20001		200.00	
		1		3965.00	

Sub-total 3865.00

Total (if last page of this schedule) \$ 5010.00

"Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationships must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter enter "not applicable" in the relationship column.

Page of of A



Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

SCHEDULE B (Rev. 07/03)

MONETARY EXPENDITURES

CHECK THIS BOX IF AMENDING FORM

Litiza	ens for	Alco Abdul-Samad		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
7/26/2006	ID# CK#	Dawn Thomas 1566 18th St. Des Moiaes, IA 50314	Reimbursement for fundaisec	\$ 34.78
7/28/2006	ID# CK#	Des Moines Rental 4711 University Des Moines, IA 50311	Tap rental for fundaiser	116.00
7/18/2006	ID# CK#	US Postal Service Des Moines Main Post Office Des Moines, IA 5031P	Postcard postage	48.00
712812006		HyVee 3330 ML King Pkwy Des Moines, IA Sogy	Food for fundraiser	39.00
8/2/2006		US Postal Service Main Post Office Des Moinos, IA 50318	Postcard postage	24.00
9/17/2006		Ato Abdul-Samad 1506 184 St. Des Moines, IA 50314	Reimbusement for cirent	60.00
9/16/2006	ID# CK#	Waldburt 1001 73'd St. Windsor Heights, IA 5U311	telephon puchase	52.76
9/18/2006	ID# CK#	OMACC: 2006 S. Ankeny Blod. Ankeny, IA 50021	Candidak forum event	35,00
			SUB-TOTAL	\$ 409,54
			TOTAL (if last page of this schedule)	\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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Page	ł	of Ø	l

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

SCHEDULE В (Rev. 07/03)

MONETARY **EXPENDITURES**

CHECK THIS BOX IF AMENDING FORM

Litize	ens for A	ko Abdul-Samad	1	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9/28/2006		Dan MeFall 1102 Grand Ave. West Des Moines, IA 50265	Reimburgemedt for fundraiser Food	\$ 500.00
9129/2006	ID# CK#	Corter Printing 1739 East Grand Ave. Des Moines, IA 50316	Printing Costs for Cumpaign materials	954,74
9124/2006	ID# CK#	Sisters on Target	tickets for table at event (Annual banquet)	200.00
10/13/3mm	CK#	House Truman Fund, IDP 5661 Flew Or. Des Moines, IA 50321	Votor file fee	500.00
	ID# CK#			

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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SUB-TOTAL

TOTAL (if last page of this schedule)

2564.28

Committee (Citiz	NAME (Must be same as on Statement of Organization) En S for Alo Abdul - Samuel previously reported that remain unpaid must be included on this use, as well as any new obligations incurred in this period.	Reset Form	IF	INCURRED
(DO NOT IN	LIGATIONS REMAINING THIS REPORTING PERIO ICLUDE LOANS SHOW LOANS ON SCHEDULE		goods or se received, be end of the	ed debt" is a debt for ervices ordered or out not paid for by the reporting period., of whether an invoice eceived.
DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS SERVICES PROVIDED OF PURCHASED		BALANCE OWED AT CLOSE OF REPORTING PERIOD*
1/16/2006	Joseph Jones 6750 School St., #201 Windsor Heights, IA 50311	Reimbusement for Cal	endars s	14.83 —
7/25/2006	Nextel Partners 10 Box 4192 Corol Stream, IL-60197-4192	Cancellation of well pho.	}	140.42 -
9/1/2006	Internet Corporation Listing Service 2530 Berry essa Rd., #912 San Jose, CA 95132	Compaign website list	ing	35,00
7/23/2006	Nextel Partnes PO Box 4192 Carol Stream, IL 60197-4192	Campaign phone		259.54
				,

TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD

Page _____ of _____
(for Schedule D)

SUB-TOTAL

"If actual figure is unknown, show "estimated" beside the figure.

CANDIDATE COMMITTEES NOTE:

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS.	SEE BACK OF FORI	M

OR INSTRUCTIONS, SEE BACK OF FORM		SCHEDULE	
COMMITTEE NAME (Must be same as on Statement of Organization)		(Rev. 06/97)	IN-KIND CONTRIBUTIONS
LITIZENS for ALO Abdul-Samad			THIS BOX IF

DATE					
RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
9/25/2006	Des Moines, IA 50309		tickets	\$ 25,00	
9/12/2006	South Central Federation of Labor 301 E. Lucust, Suite 120 Des Moines, IA 50309		booth	100.00	
SUB-TOTAL					
TOTAL (If last				125.00 s	
page of this schedule)			125.00		
					1

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

of [(for Schedule E)